PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

MP 0347

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			40				1	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			40 minus 20=		- 20			X\$ 9=		OR	X\$18=	360	
INDEPENDENT CLAIMS				nus 3 =	2			X43=		OR	X86=	172	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	_	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1302		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							•	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		-		X43=		OR	X86=		
L	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDENT	CLAIM		۱ [+145=		OR	+290=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		· · · · · ·									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18= .		
ME	Independent	*	Minus	***		= .		X43=		OR	X86=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
		L	+145=		OR	+290=	•						
		A	TOTAL DDIT, FEE		OR	TOTAL ADDIT. FEE							
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	-	OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		
		mber Previously Paid ber Previously Paid					r foun	nd in the app	ropriate box	in col	umn 1.		